
**ANNUAL PROGRAM
IMPROVEMENT GRANT
APPLICATION
FORMS:
*SECONDARY CENTERS***

**School Year
2010-2011**

**Under the
Carl D. Perkins
Career and Technical Education
Improvement Act of 2006
(P.L. 109-270)**

Application is due August 2, 2010

Bureau of Career Development
New Hampshire State Department of Education
21 South Fruit Street, Suite 20
Concord, New Hampshire 03301

May 2010

ANNUAL PROGRAM IMPROVEMENT GRANT APPLICATION FORMS

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SECONDARY CAREER AND TECHNICAL EDUCATION PROGRAM IMPROVEMENT GRANT APPLICATION

**For Year Three of the Five-Year Plan
SY 2010-2011**

A: COVER PAGE

1. Applicant

2. Typed Name of Superintendent or Authorized Designee of SAU/RA

3. Signature of Superintendent or Authorized Designee

Date

4. Name of Project Manager

Title

Project Manager Address:

Telephone

E-mail Address

Submit one (1) unbound original and two (2) copies by August 2, 2010 to:

Ms. Laurie MacRae
Bureau of Career Development
New Hampshire Department of Education
21 South Fruit St., Suite 20
Concord, NH 03301
(603) 271-3888
lmacrae@ed.state.nh.us

B: NONDISCRIMINATION STATEMENT

1. Statement of Nondiscrimination of the Receiving District: *Recommended wording for the nondiscrimination statement is located in Section B in the Instructions.*

C: CERTIFICATIONS AND ASSURANCES

I, _____ Superintendent of Schools, or authorized

(Print)

designee, for SAU/RA number _____, certify and assure that:

1. The programs, services, and activities designated to be supported by funds through this application will be conducted in accordance with the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV), New Hampshire Statutes, and the New Hampshire Administrative Rules.
2. Policies, procedures, and activities described in this application will be carried out as described herein.
3. Supplemental funds granted to the agency under the provisions of Perkins IV will be used as stipulated in the attached application, and supporting documents and records of expenditures will be maintained for audit in accordance with the requirements of the New Hampshire State Department of Education, Office of Business Management.
4. Student, program, and performance data, information, and reports as may be reasonably required by the NH State Department of Education will be submitted as requested, and in a timely fashion.
5. An equity committee (or another locally determined delivery method) is in place at the CTE center, charged with ensuring equal educational access and success for students in special populations inclusive of race and gender and addressing any issues and needs for improvement.
6. The Regional Advisory Committee is operational and the Advisory Committee has had an opportunity to participate in the annual application for funds.
7. An updated General Assurances form is on file with the Department of Education.

I certify that all information contained in this application is true and correct.

Signature: Superintendent or Authorized Designee

Date

D: EQUITY COMMITTEE CONTACT INFORMATION AND DETAILED PLAN

1. Provide the following contact information for the Equity Committee Chair or the person designated to address equity activities for your center.

Name_____

Position or Title_____

Mailing Address_____

Email Address_____

Phone_____

2. Outline the plans for how the needs of equity and special populations (*individuals with disabilities, economically disadvantaged, non-traditional career preparations, single parents/single pregnant women, displaced homemakers, students with limited English language proficiency*) of your center will be addressed during the coming year. If you plan on using funds from this grant, the activities and initiatives will be identified as part of the appropriate Planning Area. (See Reference Document II.)

E: PLANNED INITIATIVES, TARGETED INITIATIVES AND DETAILED USE OF FUNDS

E 1: Planned Initiatives (Planning Areas 1-12):

The following Initiative will be supported with Title I, Section 131 funds under this Annual Application for Funding (SY 2010-2011), in accordance with the provisions of the Act.

Planning Area:

Initiative #:

Initiative Title:

Affected Performance Indicator(s):

Performance Data Used to Support Initiative:

Description of Initiative:

Specific Action Steps for Initiative #:

Rationale:

Budget:

Planning Area and Initiative number	Item#	Function Code	Object Code	Item Description	Federal Funds	Local Funds	Reference to Local Five-Year Plan (Page #)

Budget Notes:

E 2: Targeted Initiative(s) (Planning Area 13)

The following Initiative will be supported with Title I, Section 131 funds under this Annual Application for Funding (SY 2010-11), in accordance with the provisions of the Act.

Targeted Improvement Area:

Initiative Letter:

Initiative Title:

Affected Performance Indicator:

Performance Data report requiring this Initiative:

Description:

Specific Action Steps for Initiative Letter:

Rationale:

Budget:

Performance Indicator and Initiative Letter	Item#	Function Code	Object Code	Item Description	Federal Funds	Local Funds

Budget Notes:

F: BUDGET SUMMARY FORM

Planning Area or Performance Indicator and Initiative	Item number	Function code	Object code	Line item (object or service)	Perkins Funds Cost	Application Page Number(s)

G: OBM FORM 1

http://www.education.nh.gov/instruction/integrated/documents/omb_forms_1_3_4_8.xls

H: PROGRAMS OF STUDY FROM THE RECEIVING AND SENDING SCHOOLS

1. Please provide 2 hard copies of Programs of Studies from the Receiving School and each Sending School. *If the required Programs of Study are available in electronic format (PDF, RTF or Doc format) an electronic version (CD-R or CD-RW) may be submitted **IN ADDITION TO, but not in place of, the required hard copies.***

I: CHECKLIST FOR ANNUAL APPLICATION OF SECONDARY PROGRAM IMPROVEMENT PERKINS FUNDING

Eligible Recipient: _____

Instructions for completing the checklist: This checklist is considered part of a complete application.

- Application Page(s): Please provide page numbers in the left-hand column of the chart below that correspond with the submitted SY 2010- 2011 Application for Funding.
- Required Content: A list of all required documents and information needed for a complete application.
- Information Included and Complete: For review and final check to indicate that all required information is included and complete.

NOTE: If any boldfaced item is missing or not satisfactorily addressed, including items that are boldfaced in the attached Form 1 Checklist, the application will not be approved.

Application Page(s)	Required Content: Information Included and Complete
_____	<u>A. Cover Page:</u> Is the Applicant Name provided? _____ Is the Cover Sheet: Signed by the Superintendent or authorized designee? _____ Dated? _____ Is the Project Manager contact information correct? _____
_____	<u>B. Nondiscrimination Statement:</u> Is the full text and contact information of the receiving school provided in the statement? _____ Does the statement include all of the content illustrated in the model statement in Section B of the Instructions? _____
_____	<u>C. Certifications and Assurances:</u> Is the Superintendent (authorized designee) identified at top of the certificate? _____ Is the Certificate signed by the person identified at the top of the page? _____

<p>_____</p>	<p><u>D. Equity Committee Information:</u></p> <p>Is the Equity Committee contact information included? _____</p> <p>Have detailed plans been included for how the needs of equity and special populations (individuals with disabilities, economically disadvantaged, non-traditional career preparations, single parents/single pregnant women, displaced homemakers, students with limited English language proficiency) will be addressed during the coming year? _____</p>
	<p>E. ANNUAL INITIATIVES AND DETAILED USE OF FUNDS:</p>
<p>_____</p>	<p><u>E 1: Planned Initiatives:</u></p> <p>Does this application present a <i>complete list of all Planning Areas 1-12</i>? _____</p> <p>Is the “<i>There are no initiatives planned for the coming year.</i>” statement provided in those planning areas where there are no initiatives? _____</p> <p>Are initiatives listed under each Planning Area where something is planned for SY 2010-2011? _____</p> <p>Does the description of <u>each initiative</u> include the following? _____</p> <ul style="list-style-type: none"> i. Planning area _____ ii. Initiative number _____ iii. Initiative title _____ iv. Performance indicator _____ v. Data: current state goal or negotiated local goal _____ vi. Description of initiative _____ vii. List of action steps or activities _____ viii. Rationale for the initiative _____ ix. Budget for the initiative _____ x. Detailed budget notes _____ xi. Page reference location of initiative in applicant’s Five-Year Plan _____
	<p><u>E 2: Targeted Improvement Initiative(s) (if required):</u></p> <p>Does the description of <u>each</u> initiative include the following? _____</p> <ul style="list-style-type: none"> i. Targeted Performance Indicator area _____ ii. Initiative letter _____ iii. Initiative title _____ iv. Performance indicator(s) affected _____

_____	v. Data that identified the need for this initiative _____ vi. Description of initiative _____ vii. List of action steps or activities _____ viii. Rationale for the initiative _____ ix. Budget for the initiative _____ x. Detailed budget notes _____
_____	<u>F: Budget Summary:</u> Is there a budget summary which includes <i>all</i> planned and targeted initiatives and expenditures in this application? _____ Does this summary contain the following information for each expenditure? _____ <ul style="list-style-type: none"> • Planning Area and Initiative <u>Number</u> or Targeted Performance Indicator and Initiative <u>Letter</u> _____ • Item number _____ • Correct Function Code _____ • Correct Object Code _____ • Description of object or service _____ • Perkins funds cost _____ • Application Page Number(s) _____
_____	<u>G: OBM Form 1:</u> Is the Project Start Date August 22, 2010 (or later)? _____ Is the Project End Date August 21, 2011? _____ Are line items identified by correct function codes? _____ Are line items identified by correct object codes? _____ Are Administrative Expenditures (including Indirect Costs) limited to no more than 5%? _____ Are all boldfaced items on the attached OBM Form I Checklist included and correct? _____
_____	<u>H: Programs of Study</u> Are two copies of Program of Studies from the Receiving and each sending district provided? _____
_____	<u>I: Checklist for Annual Application</u> All required information is included and complete. _____

Form 1 Checklist – SY 2010-2011
Secondary Eligible Recipients

Please use the following checklist to ensure an accurate and complete Form 1. When an item has been completed, place a check mark in the column with a “Y” at the top. If an item is not applicable, place a check mark in the “n/a” (not applicable) column, with comments in the right hand column.

Form 1 item	Y	n/a	Comments
Original Form 1 has been submitted (either double sided or multiple single-sided sheets), with an original signature of the Superintendent or person legally authorized by the SAU/district/RA on <u>each</u> sheet.			
Original Form 1 submitted is the most current version (September 2005)			
Project manager information is complete			
Financial contact information is complete			
Fiscal agent is an approved fiscal agent and is identified as either: <ul style="list-style-type: none"> • A school district, an SAU, or an RA, or • “School Department, City of _____” (Applies only to Berlin, Dover, Laconia, Nashua, Portsmouth, Rochester and Somersworth) 			
Indirect cost rate does not exceed the approved SY 10-11 rate for the identified fiscal agent			
Indirect cost amount is equal to or less than the maximum amount allowable for the allocation			
Indirect cost codes: <ul style="list-style-type: none"> • If fiscal agent is an SAU, an RA, or district in a single district SAU, function and object code is 5220 930 • If fiscal agent is a district that is part of a multi-district SAU, function and object code is 2300/2500 810 			
Budget summary figures (top of budget page) are equal to the sum of the figures in the detail of budget that have a function and object code in that same category (e.g., 1000 200, 2000 400, etc.)			
Budget summary figures in each column add up to total figure in each column			
Budget summary figures in each row add up to the figure in the "Total" column			
Budget summary figures in "Total" column add up to the total budget figure			
Items in detail of budget add up to total budget figure, which is equal to or less than the allocation amount			
If audit fee line item is listed under the Detail of Proposed Budget, the indirect cost amount excludes audit fees			
Signed general assurances for SY 10-11 have been received by the Department of Education, Office of Audit and Technical Assistance from the SAU/district/RA.			